

Type a plus sign (+) inside this box [ + ]

Approved for use through 9/30/98  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>PTO/SB/01</b> (8/96)  <b>DECLARATION</b> <div style="display: flex; justify-content: space-around;"><div>Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing</div><div>OR</div><div>Declaration <input type="checkbox"/> Submitted after Initial Filing</div></div>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;"></td></tr><tr><td>First Named Inventor</td><td><b>Birinder R. B veja</b></td></tr><tr><td colspan="2" style="text-align: center;"><b>COMPLETE IF KNOWN</b></td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td><b>11/02/2003</b></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number		First Named Inventor	<b>Birinder R. B veja</b>	<b>COMPLETE IF KNOWN</b>		Application Number		Filing Date	<b>11/02/2003</b>	Group Art Unit		Examiner Name													
Attorney Docket Number																											
First Named Inventor	<b>Birinder R. B veja</b>																										
<b>COMPLETE IF KNOWN</b>																											
Application Number																											
Filing Date	<b>11/02/2003</b>																										
Group Art Unit																											
Examiner Name																											
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><p style="text-align: center;">METHOD AND APPARATUS FOR ELECTRICAL STIMULATION THERAPY FOR AT LEAST ONE OF ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, INAPPROPRIATE SINUS TACHYCARDIA, AND REFRACTORY HYPERTENSION</p></div> <p style="text-align: center;">(Title of the Invention)</p> <p>the specification of which <input checked="" type="checkbox"/> is attached hereto</p> <p>OR</p> <div style="display: flex; align-items: center; margin: 5px 0;"><input type="checkbox"/> was filed on (MM/DD/YYYY) <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> as United States Application <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> T International</div> <p>Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.</p>																											
<p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Prior Foreign Application Number(s)</th><th rowspan="2">Country</th><th rowspan="2">Foreign Filing Date (MM/DD/YYYY)</th><th rowspan="2">Priority Not Claimed</th><th colspan="2">Copy Attached?</th></tr><tr><th>YES</th><th>NO</th></tr></thead><tbody><tr><td rowspan="5"></td><td rowspan="5"></td><td rowspan="5"></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>		Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?		YES	NO				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Foreign Application Number(s)	Country					Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?																			
		YES	NO																								
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:</p> <p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Application Number(s)</th><th style="width: 30%;">Filing Date (MM/DD/YYYY)</th><th style="width: 40%;">Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.</th></tr></thead><tbody><tr><td style="height: 40px;"></td><td></td><td></td></tr></tbody></table>		Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.																							
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional <input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.																									

Type a plus sign (+) inside this box [ + ]

<b>DECLARATION</b>							
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>							
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.							
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>							
Name	Registration Number	Name	Registration Number				
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.							
<input checked="" type="checkbox"/> Please direct all correspondence to:		Name	Angely Widhany				
<input checked="" type="checkbox"/>							
Address	P O Box: 210095						
Address							
City	Milwaukee	State	Wisconsin	Zip	53221		
Country	United States	Telephone	(414) 517 5874		Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Birinder	Middle Initial	R.	Family Name	Boveja		
Inventor's Signature	<i>Birinder K. Boveja</i>			Date	11/02/2003		
RESIDENCE: City	Milwaukee	State	WI	Country	USA	Citizenship	USA
POST OFFICE ADDRESS		P O Box 210095					
City	Milwaukee,	State	WI	Zip	53221		Country
					USA		
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.							

Type a plus sign (+) inside this box [ + ]